

25 Canyon Road, Morgantown, WV 26508 (304) 594-9845 / email: wvforlife@labs.net www.wvforlife.org

FACSIMILE TRANSMISSION COVER SHEET

Date: 10-20-2010	
E MARIE CONTRACTOR CON	
Name:	
Firm: FEC	
Fax Number: 202 - 219 - 0174	
FAX FROM	
Our telephone number for automatic fac	csimile reception is:
(304) 594-9849	
We are transmitting 7 pages ((including this cover page).
If you have any trouble receiving these r	naterials, please call:
Mary anne Buchanen	at (304) 594-9845.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Darman Making the Dishurasmants/Obligations	
1. Person Making the Disbursements/Obligations	
(a) Name	
West Virginians for Life Inc. (b) Address (number and street) check if different than previously reported 3 FEO Identification	
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(c) City, State and ZIP Code	
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(d) Name of Employer or Principal Place of Business (e) Occupation	
New 3. Is This Statement or 4. Covering Period through	
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5. (a) Date of Public Distribution(s) 10 19 2010 (b) Communication Title Obsina Kal M	Cre Law
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (1	1 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR	114.15
(a) Cher, specify:	
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?	No second
8. Custodian of Records	
(a) Name	
<u>Shern Stevens</u>	
(b) Address (number and street)	
25 Canyon Rd (c) City, State and ZIP Code	
Mor 40 n-town w 26508 (d) Name of Employer or Principal Place of Business (e) Occupation	····
West Virginians for Life, Inc. Office Manage	<u> </u>
9. Total Donations This Statement	n.6.0.
0. Total Disbursements/Obligations This Statement	
Under penalty of perjury, I certify that this statement is true, correct and complete. TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mary Anne Buchanen SIGNATURE Mary Anne Buchanen DATE 10-20-2010	
SIGNATURE Mary Anne Buchanian DATE 10-20-2010	

NOTE: Submission of faise, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g,

FEC FORM 9 (REV. 12/2007)

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List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE OF

Per	son(s) Sharing/Exercising Control	
A.	(a) Name Navy Anne Buchanan (b) Address (humber and street) 25 Canyon Rd. (c) City, State and ZIP Code Morgan-Hown W 26508 (d) Name of Employer or Principal Place of Business	(e) Occupation
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President	Other (specify)
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SCHEDULE 9-B

SCHEDULE 9-B Disbursement(s) Made o	or Obligation(s)	PAGE 20F5
A. Full Name (Last, First, Middle WBTH/WXCC Mailing Address of Payee POBox 2200 City PIKE ville Name of Employer	State Zip Code KY 4/502 Occupation	Date of Disbursement or Obligation 1 0 15 2 0 0 Amount Communication Date
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SCHEDULE 9-B Disbursement(s) Made or Obligation(s)

PAGE 3 OF 5

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Oak Hill Name of Employer	43707	Communication Date
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Nick Rahall Name of Federal Candidate	President District:	Other (specify)
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	Senate	Primary General
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SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE 5 OF 5
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Federal Election Commission ENVELOPE REPLACEMENT PAGE

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate h	ow it was received.
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N/A PREPARER (5/2004)	N/A DATE PREPARED